

ARIZONA HEALTH CARE

COST CONTAINMENT SYSTEM


Our first care is your health care

Rate Codes - Professional and Medical Services

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Applicable FARS/DFARS apply.

| PROC | DESCRIPTION | RATE2002 | EFFDATE |
|-------|--|----------|-------------|
| 96000 | COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS; | 91.06 | 01-Apr-2002 |
| 96001 | COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS; | 108.61 | 01-Apr-2002 |
| 96002 | DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, | 21.22 | 01-Apr-2002 |
| 96003 | DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIE | 19.83 | 01-Apr-2002 |
| 96004 | PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER BASED MOTION ANALY | 93.48 | 01-Apr-2002 |
| 96400 | CHEMOTHERAPY ADMINISTRATION; SUBCUTANEOUS OR INTRAMUSCULAR, WITH OR WITHOUT LOCA | 5.29 | 01-Apr-2002 |
| 96405 | CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS | 75.49 | 01-Apr-2002 |
| 96406 | CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS | 107.77 | 01-Apr-2002 |
| 96408 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; PUSH TECHNIQUE | 38.38 | 01-Apr-2002 |
| 96410 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, UP TO ONE HOUR | 61.27 | 01-Apr-2002 |
| 96412 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, ONE TO 8 HOURS, EA | 45.54 | 01-Apr-2002 |
| 96414 | CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS; INFUSION TECHNIQUE, INITIATION OF PROL | 53.06 | 01-Apr-2002 |
| 96420 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE | 49.71 | 01-Apr-2002 |
| 96422 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR | 48.96 | 01-Apr-2002 |





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|-------|--|----------|-------------|
| 96423 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, | 19.16 | 01-Apr-2002 |
| 96425 | CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF P | 56.79 | 01-Apr-2002 |
| 96440 | CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACE | 326.68 | 01-Apr-2002 |
| 96445 | CHEMOTHERAPY ADMINISTRATION INTO PERITONEAL CAVITY, REQUIRING AND INCLUDING PERI | 329.58 | 01-Apr-2002 |
| 96450 | CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING | 161.30 | 01-Apr-2002 |
| 96520 | REFILLING AND MAINTENANCE OF PORTABLE PUMP | 35.40 | 01-Apr-2002 |
| 96530 | REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR | 42.11 | 01-Apr-2002 |
| 96542 | CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERV | 179.67 | 01-Apr-2002 |
| 96545 | PROVISION OF CHEMOTHERAPY AGENT | 201.02 | 01-Apr-2002 |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDURE | BR | 01-Apr-2002 |
| 96567 | PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AN | 58.91 | 01-Apr-2002 |
| 96570 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU | 60.00 | 01-Apr-2002 |
| 96571 | PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSU | 30.00 | 01-Apr-2002 |
| 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGHT) | 15.80 | 01-Apr-2002 |
| 96910 | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AN | 23.33 | 01-Apr-2002 |
| 96912 | PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA) | 26.38 | 01-Apr-2002 |

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| PROC | DESCRIPTION | RATE2002 | EFFDATE |
| 96913 | PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES | 54.25 | 01-Apr-2002 |
| 96999 | UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE | BR | 01-Apr-2002 |
| 97001 | PHYSICAL THERAPY EVALUATION | 69.43 | 01-Apr-2002 |
| 97002 | PHYSICAL THERAPY RE-EVALUATION | 34.65 | 01-Apr-2002 |
| 97003 | OCCUPATIONAL THERAPY EVALUATION | 70.22 | 01-Apr-2002 |
| 97004 | OCCUPATIONAL THERAPY RE-EVALUATION | 36.01 | 01-Apr-2002 |
| 97005 | ATHLETIC TRAINING EVALUATION | BR | 01-Apr-2002 |
| 97006 | ATHLETIC TRAINING RE-EVALUATION | BR | 01-Apr-2002 |
| 97010 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS | 11.77 | 01-Apr-2002 |
| 97012 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL | 19.65 | 01-Apr-2002 |
| 97014 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED) | 16.24 | 01-Apr-2002 |
| 97016 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES | 16.98 | 01-Apr-2002 |
| 97018 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH | 11.30 | 01-Apr-2002 |
| 97020 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; MICROWAVE | 11.30 | 01-Apr-2002 |
| 97022 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL | 21.08 | 01-Apr-2002 |
| 97024 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY | 11.67 | 01-Apr-2002 |
| 97026 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED | 10.93 | 01-Apr-2002 |
| 97028 | PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET | 11.69 | 01-Apr-2002 |
| 97032 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), | 19.27 | 01-Apr-2002 |
| 97033 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES | 20.84 | 01-Apr-2002 |

|  AHCCCS | ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM Our first care is your health care | | |
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| PROC | DESCRIPTION | RATE2002 | EFFDATE |
| 97034 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES | 17.01 | 01-Apr-2002 |
| 97035 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES | 14.39 | 01-Apr-2002 |
| 97036 | APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES | 23.40 | 01-Apr-2002 |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE) | 18.12 | 01-Apr-2002 |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES | 25.15 | 01-Apr-2002 |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCA | 27.69 | 01-Apr-2002 |
| 97113 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH | 29.24 | 01-Apr-2002 |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUD | 25.79 | 01-Apr-2002 |
| 97124 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EF | 22.70 | 01-Apr-2002 |
| 97139 | THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC | 17.01 | 01-Apr-2002 |
| 97140 | MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAI | 28.80 | 01-Apr-2002 |
| 97150 | THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS) | 20.85 | 01-Apr-2002 |
| 97504 | ORTHOTIC(S) FITTING AND TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AN | 28.13 | 01-Apr-2002 |
| 97520 | PROSTHETIC TRAINING,UPPER AND/OR LOWER EXTREMITIES EACH 15 MIN | 28.06 | 01-Apr-2002 |





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|-------|--|----------|-------------|
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER (USE | 24.33 | 01-Apr-2002 |
| 97532 | DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, (| 25.75 | 01-Apr-2002 |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIV | 27.99 | 01-Apr-2002 |
| 97535 | SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COM | 28.06 | 01-Apr-2002 |
| 97537 | COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAG | 27.62 | 01-Apr-2002 |
| 97542 | WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES | 18.90 | 01-Apr-2002 |
| 97545 | WORK HARDENING/CONDITIONING; INITIAL 2 HOURS | BR | 01-Apr-2002 |
| 97546 | WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION T | BR | 01-Apr-2002 |
| 97601 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S); SELECTIVE DEBRIDEMENT, WITHOUT ANES | 39.05 | 01-Apr-2002 |
| 97602 | REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDEMENT, WITHOUT ANE | BR | 01-Apr-2002 |
| 97703 | CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES | 16.36 | 01-Apr-2002 |
| 97750 | PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACI | 27.32 | 01-Apr-2002 |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE | BR | 01-Apr-2002 |
| 97802 | MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE | 16.33 | 01-Apr-2002 |

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| PROC | DESCRIPTION | RATE2002 | EFFDATE |
| 97803 | MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-F | 16.33 | 01-Apr-2002 |
| 97804 | MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES | 6.42 | 01-Apr-2002 |
| 98925 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED | 30.98 | 01-Apr-2002 |
| 98926 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED | 42.38 | 01-Apr-2002 |
| 98927 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED | 52.68 | 01-Apr-2002 |
| 98928 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED | 61.75 | 01-Apr-2002 |
| 98929 | OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED | 69.39 | 01-Apr-2002 |
| 98940 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, ONE TO TWO REGIONS | 27.62 | 01-Apr-2002 |
| 98941 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL, THREE TO FOUR REGIONS | 37.16 | 01-Apr-2002 |
| 98942 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) SPINAL FIVE REGIONS | 47.83 | 01-Apr-2002 |
| 98943 | CHIROPRACTIC MANIPULATIVE TREATMENT (CMT) EXTRASPINAL, ONE OR MORE REGIONS | 22.34 | 01-Apr-2002 |
| 99000 | HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE | 12.60 | 01-Apr-2002 |
| 99001 | HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER TH | 18.89 | 01-Apr-2002 |
| 99002 | HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTA | 37.03 | 01-Apr-2002 |
| 99025 | INITIAL (NEW PATIENT) VISIT WHEN STARRED (*) SURGICAL PROCEDURE CONSTITUTES MAJO | 37.82 | 01-Apr-2002 |




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| 99050 | SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE | 14.38 | 01-Apr-2002 |
| 99052 | SERVICES REQUESTED BETWEEN 10:00 PM AND 8:00 AM IN ADDITION TO BASIC SERVICE | 21.16 | 01-Apr-2002 |
| 99054 | SERVICES REQUESTED ON SUNDAYS AND HOLIDAYS IN ADDITION TO BASIC SERVICE | 14.81 | 01-Apr-2002 |
| 99058 | OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS | 40.20 | 01-Apr-2002 |
| 99170 | ANOGENITAL EXAMINATION WITH COLPOSCOPIC MAGNIFICATION IN CHILDHOOD FOR SUSP TRAU | 139.38 | 01-Apr-2002 |
| 99173 | SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL | BR | 01-Apr-2002 |
| 99175 | IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERVATION | 55.74 | 01-Apr-2002 |
| 99183 | PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION | 132.31 | 01-Apr-2002 |
| 99185 | HYPOTHERMIA; REGIONAL | 25.19 | 01-Apr-2002 |
| 99186 | HYPOTHERMIA; TOTAL BODY | 83.05 | 01-Apr-2002 |
| 99190 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT) | 104.51 | 01-Apr-2002 |
| 99191 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT) | 63.26 | 01-Apr-2002 |
| 99192 | ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT) | 47.13 | 01-Apr-2002 |
| 99195 | PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE) | 17.67 | 01-Apr-2002 |
| 99199 | UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT | BR | 01-Apr-2002 |
| G0001 | ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S) | 3.00 | 01-Apr-2002 |
| G0002 | OFFICE PROCEDURE, INSERTION OF TEMPORARY INDWELLING CATHETER, FOLEY TYPE (SEPARA | 111.35 | 01-Apr-2002 |




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| PROC | DESCRIPTION | RATE2002 | EFFDATE |
|-------|--|----------|-------------|
| G0003 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POST SYMPTO | BR | 01-Apr-2002 |
| G0004 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP A | 320.83 | 01-Apr-2002 |
| G0005 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP A | 49.33 | 01-Apr-2002 |
| G0006 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTOM MEMORY LOOP A | 240.77 | 01-Apr-2002 |
| G0007 | PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRE-SYMPTON MEMORY LOOP A | 30.73 | 01-Apr-2002 |
| G0015 | POST-SYMPTOM TELEPHONIC TRANSMISSION OF ELECTROCARDIOGRAM RHYTHM STRIP(S) AND 24 | 240.77 | 01-Apr-2002 |
| G0108 | DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTE | 61.61 | 01-Apr-2002 |
| G0117 | GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHAL | 51.34 | 01-Apr-2002 |
| G0118 | GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION | 36.26 | 01-Apr-2002 |
| G0127 | TRIMMING OF DYSTROPHIC NAILS ANY NUMBER | 20.66 | 01-Apr-2002 |
| G0166 | EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION | 140.37 | 01-Apr-2002 |
| G0167 | HYPERBARIC OXYGEN TREATMENT NOT REQUIRING PHYSICIAN ATTENDANCE, PER TREATMENT SE | 26.82 | 01-Apr-2002 |
| G0168 | WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY | 84.32 | 01-Apr-2002 |
| G0179 | HOME HEALTH RECERTIFICATION | 60.41 | 01-Apr-2002 |
| G0180 | PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PAR | 72.13 | 01-Apr-2002 |



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|-------|--|----------|-------------|
| G0202 | SCREENING MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATALL VIEWS | 124.39 | 01-Apr-2002 |
| G0204 | DIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT DIGITAL IMAGE, BILATERAL ALL VIEWS | 131.57 | 01-Apr-2002 |
| G0206 | GIAGNOSTIC MAMMOGRAPHY, PRODUCING DIRECT IMAGE, UNILATERAL ALL VIEWS | 106.29 | 01-Apr-2002 |
| G0236 | DIGITIZATION OF FILM RADIOGRAPHIC IMAGES WITH COMPUTER ANALYSIS FOR LESION DETEC | 17.48 | 01-Apr-2002 |
| G0245 | INITIAL FOOT EXAM PT LOPS | 60.94 | 01-Oct-2002 |
| G0246 | FOLLOW UP EVAL OF FOOT PT LOPS | 35.76 | 01-Oct-2002 |
| G0247 | ROUTINE FOOT CARE PATIENT WITH LOPS | 39.47 | 01-Oct-2002 |
| G0248 | DEMONSTRATION USE OF HOME INR MONITORING | 99.88 | 01-Oct-2002 |
| G0249 | PROVISION OF TEST MATERIALS AND EQUIPMENT | 70.85 | 01-Oct-2002 |
| G0250 | PHYSICIAN REV INTERPERTATION OF INR TEST | 9.71 | 01-Oct-2002 |
| M0064 | BRIEF OFFICE VISIT FOR THE SOLE PURPOSE OF MONITORING OR CHANGING DRUG PRESCRIPT | 23.84 | 01-Apr-2002 |
| M0076 | PROLOTHERAPY | BR | 01-Apr-2002 |
| M0100 | INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP) | BR | 01-Apr-2002 |
| Q0081 | INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT | BR | 01-Apr-2002 |
| Q0083 | CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEO | BR | 01-Apr-2002 |
| Q0084 | CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT | BR | 01-Apr-2002 |
| Q0085 | CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S) (EG | BR | 01-Apr-2002 |
| Q0086 | PHYSICAL THERAPY EVALUATION/TREATMENT, PER VISIT | BR | 01-Apr-2002 |